

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25474	2. Fiscal Year Covered From: 1/1/2005 Through: 12/31/2005
3. Name and address of person filing. Name Daniel T. Waldrop P.O. Box, Bldg., Room No., if any Street 152 N. Michigan Ave. City Hobart State IN ZIP Code + 4 46342	4. Name, file number, and address of labor organization. Name Electrical Workers-IBEW Local 697 AFL-CIO Labor Organization File Number 026-710 P.O. Box, Building and Room Number, if any Street 2835-165th St. City Hammond State Indiana ZIP Code + 4 46323
5. Position in labor organization. Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Daniel T. Waldrop

On

May 1, 2006
Date

219-844-6386

Telephone Number

Name of Person Filing <u>Dan Waldrop</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Legacy Professionals LLP</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>9301 Calumet Ave</u></p> <p>City <u>Munster</u></p> <p>State <u>Indiana</u> ZIP Code + 4 <u>46321</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>See Funds listed below</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <u>PO Box 2190</u></p> <p>Street <u>2835 - 165th St,</u></p> <p>City <u>Hammond</u></p> <p>State <u>Indiana</u> ZIP Code + 4 <u>46323</u></p> <p><u>Local 697 IBEW + Electrical Industry:</u></p> <ul style="list-style-type: none"> - <u>Health + Benefit Plan Trust</u> - <u>Health + Benefit Plan P Trust</u> - <u>Pension Plan Trust</u> - <u>Money Purchase Plan + Trust</u> - <u>Lake Co. Joint Apprenticeship + Training Trust</u> 	<p>11.a. Nature of such dealing. <u>Legacy Professionals provides accounting and auditing functions for the local union and trusts listed in Box #10.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$50,000</u></p> <p>12.a. Nature of interest held or income received. <u>Golf outing + dinner</u></p> <p>12.b. Amount. <u>\$256.09</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>